

TB Nurse Network Meeting Minutes

October 24, 2012

Attendees: Patty Raines (MDCH), Peter Davidson (MDCH), Katie Dotson (MDCH), Angie Schooley (MDCH), Missy Endres (Ingham), Colleen Harns (Ingham), Kathy Kacynski (Ingham), Meredith Mackey (Lenawee), Janet Graham (Barry-Eaton), Jenny Smith (Barry-Eaton), Diane Sutherland (Macomb), Paulette Bagnall (Macomb), Denise Bryan (Kent), Linda Van Eck (Kent), Amy Mullendore (St. Joseph), Janet Potvin (DHD#10), Nnenna Wachuku (Wayne), Bonnie Mellema (DHD#10), Susan Hudson (Baker College of Flint), Cyndee Thorlund (Ionia)

Patty started the meeting with an update on Master Regional Trainers (MRTs). A year ago, the TB Nurse Network agreed to the idea of deputizing eleven MRTs around the state to teach the TTT (Train the Trainer) component and to certify instructors. This new process was implemented in 2012. In order to renew their MRT status for 2013, the MRTs had to participate in an annual conference call with Patty and Katie. Several items and issues were discussed during the conference calls.

- It has been determined that the number of MRTs will remain the same for 2013 with the exception of potentially adding another MRT in the thumb.
- There was a pretty lengthy discussion regarding the difference between an EMT and a paramedic and who is a suitable candidate for the TST Workshop. Basic EMTs do not receive training in giving injections. Basic EMTs are **not** appropriate candidates for the TST Workshop. In some cases, a basic EMT could be a “read only” participant. Paramedics do receive training in injections and are suitable candidates for the TST Workshop.
- The MRTs discussed another potential avenue for TST recertification which would involve less time and travel for participants. However, a few MRTs feel that the current recertification process is working fine within their jurisdictions and do not feel that a change is necessary. The proposed alternative for TST recertification (which is recommended every 2 years), would involve the participant completing CDC’s Self Study Modules on-line. The participant will receive contact hours upon completion of the Self Study Modules. The participant would then need to schedule a one-on-one practicum with a certified TST instructor to complete the practicum portion in person. Patty will look further into an on-line recertification option.

Next, Katie provided an update on the status of the 2012 TST Instructor update. Normally, TST instructors are sent a CD containing the information and materials required to present the TST Workshop. In an effort to save money this year, the TST instructor update was sent out as an electronic file on September 18th. Unfortunately, many instructors did not successfully receive

the electronic file. In addition, Katie never received a “message undeliverable” e-mail indicating that the e-mails did not go through. Katie recently sent a follow-up e-mail to all instructors asking them to contact her if they did not receive the original file that was sent in September. Katie will send a hard copy of the TST Workshop on a CD to those instructors that did not receive the electronic file. Sorry for the inconvenience.

The meeting continued with a presentation from Nnenna Wachuku of Wayne County. Nnenna presented a DOT Medication Log which is currently utilized by Wayne County to keep track of medication dosages. Nnenna has given permission for people to customize this form to fit the needs of their health department. The log is attached. Thank you, Nnenna, for sharing your log with the TB Nurse Network! Macomb and Ingham counties shared that they are using something very similar to track medication dosages.

Patty announced that the next MI-ACET (Michigan Advisory Committee for the Elimination of Tuberculosis) meeting is scheduled for **Thursday, November 29th from 9:00A-2:00P**. The meeting will be held at the Office of Public Health Preparedness in Lansing. All are welcome to attend. There will be a conference call option available. Please contact the MDCH TB Control Program at 517-335-8165 if you would like to join MI-ACET or if you would like to attend the meeting.

Patty provided an update on Cohort Review. In 2011, 101 cases were looked at in Cohort Review. Patty has received positive feedback from counties that have participated in Cohort Review. Currently, the major focus of Program Evaluation was on reporting known HIV status in MDSS. In 2013, a focus on sputum culture conversion will be added as a focus in addition to known HIV status. Culture conversion is defined as continued negative cultures sixty days after treatment initiation. This is only applicable for culture positive cases. There is an area on the Follow-Up 2 Form in the RVCT to document if the culture was never positive in the first place.

Next, Peter initiated a discussion regarding QFTs in MDSS. This is follow-up to a discussion that took place at the TB Nurse Network meeting in April 2012 regarding case management of LTBI. Peter asked if people have noticed an increase in QFTs in MDSS in Summer 2012 compared to Spring 2012. Diane from Macomb County states that she noticed more QFTs in Spring 2012. Denise in Kent County states that she has noticed an increase in QFTs in MDSS. Nnenna from Wayne County states that she noticed an increase in March 2012. Nnenna states that is very difficult and time consuming to follow-up with these labs because there is usually minimal information provided on the lab report. The TBNN agreed that it would be helpful if the TB Control Program could work with laboratories to make sure a minimum amount of demographic and provider information is included on the lab report. It would be ideal if the lab report included provider name, provider facility, and provider phone number. Someone shared that currently the provider field is not required in MDSS. It was added that provider information

should be required. The group agreed that if provider information is available on the lab report, the provider should be contacted for follow-up. Peter will work on drafting recommendations for follow-up to QFT in MDSS. Denise from Kent County suggested that the recommendations include the phrase, "as resources allow." Peter will also connect with IT to investigate reference ranges as well as the requirement of provider information. Peter will keep everyone posted.

Lastly, the group briefly discussed difficulties/barriers regarding facilities (ex. nursing homes) sharing contact investigation findings/results with LHDs. People agreed that it is sometimes difficult to obtain contact investigation information from outside facilities. Susan Hudson shared that it may be helpful to contact the corporate office directly, particularly when the corporation owns facilities in more than one state. It may also be helpful to share state reporting rules with the corporate office.

No additional items were brought up during the round table discussion.

The meeting was adjourned.

Respectfully Submitted,

Katie Dotson, RN, BSN

Mark Your Calendars! 2013 TB Nurse Network Schedule

All meetings will be held from 10:00a-12:00p at Ingham County Health Department.

Wednesday, January 23, 2013

Tuesday, April 23, 2013

Wednesday, July 24, 2013

Tuesday, October 22, 2013